



## NC's Program Improvement Plan: Child Welfare Modified Manual

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## Rationale for Modification of Manual

- **Failure to meet OSRI outcomes**
  - Repeat maltreatment in cases
  - Both quality and frequency of contacts was insufficient
  - Interviews with children did not obtain sufficient information for case decision making
- **Current policy manual insufficient:**
  - Lack of clarity as to requirements vs. recommended practices
  - Significant information not provided in previous manual when themes from OSRI, Program Monitoring and Fatality Reviews were considered
  - Information was redundant and at times conflicted

## Program Improvement Plan

### PIP Goal 1: Strategy 1

- **Strengthen and clarify NC's child welfare policies and practices**
  - Provide practice standards and best practice on how to meet requirements
  - *PIP Policy Workgroup*
- **Ensure the NC CW manual supports Safety, Permanency and Well-Being**
  - Align policy to meet federal standards for practice
  - Modified Manual

## PIP Policy Workgroup

- **2016**
  - October – December researched other states policy manual formats
- **2017**
  - February - agreed on the definitions of policy, protocol and guidelines and format
  - March & April – began deconstruction and reconstruction of the selected sections of the current policy into agreed format
  - May thru November – revised policies rolled out and presentations
- **2018**
  - January & February – County feedback solicited and incorporated
  - March – May – Regional Presentations
  - June & July – County feedback solicited and incorporated
  - August – finalizing revisions
  - September – Statewide Implementation

## **Goals of the Modified Manual**

To achieve:

**SAFETY, PERMANENCY AND WELL-BEING**

**Improved consistency of performance through:**

- Clear, concise and cogent information
- Definition of policy and guidance
- Improved usability
- Additional protocol (to address gaps)

## **Director's Concerns**

- Conflicts with MRS
- Overly prescriptive
- Impact on workload
- Redundancies/Clarity still an issue
- Does not align with NCFAS
- Concern about magnitude of change and notice

## **Response to Director Concerns**

- Delayed implementation of policies
- Process for iterative feedback from counties
- Considered feedback from counties and made modifications
- Considered alignment with NCFAST and how this can occur
- Consult with NCDSSDA Children's Services Tri-Chairs for improved process for implementation and notification to counties of changes

## **Policy/Protocol/Guidance - Unchanged**

- ✓ Plan Of Safe Care
  - Plan federally approved based upon federal requirements
- ✓ CPS Assessments Follow-up & On-Going contact
  - Face-to-Face contact at a minimum twice a month and at least 7 days apart
- ✓ Permanency Planning Required Contacts
  - 3 day visit with children after placement
- ✓ CFT/PPR Frequency
  - Meetings should be every 90 days versus 6 months.

## **Intake Clarification & Revisions**

- ✓ **N.C.G.S. §153A-257** defining a legal residence has been added.
- ✓ Clarification to the definition of caretaker
- ✓ Human Trafficking – Current guidance provided
- ✓ Authority to intervene when the alleged perpetrator is not a NC resident.

## **Assessments Clarification & Revisions**

- ✓ Initiation of the Assessment is flexible based on safety considerations
- ✓ Home Visit requirements protocol & touring the home
- ✓ Non-Resident Parent & Collateral Contacts
- ✓ Decision Making and Case Closure
  - SDM Tool use
  - Sub - Close

## **In-Home Services Clarification & Revisions**

- ✓ **Required Contacts**
  - Contacts have been defined and broken down by type and frequency added.
  - Moderate Risk Cases
    - Parents and children are to be seen 2 times a month and at least 7 days apart. One of these visits must be in the home.
  - High Risk Cases
    - Parents and children are to be seen 3 times a month and at least 7 days apart. Two of these visits must be in the home.
- Clarity around the monthly In-Home Contact Record has been added.
- The type and frequency of the contact with non-resident parent(s) is determined through case staffing.

## **Permanency Planning Clarification & Revisions**

- ✓ **Permanency Planning Review and Family Services Agreement (DSS-5240) Under further revision.**
- ✓ **Required Contacts**
  - Face-to-Face contact with all placement providers - contact must occur with all placement providers (including both spouses and any other adult caretakers who reside in the home) at the next required monthly contact following the 3-day initial contact and quarterly thereafter.
  - Initial contact in the home of the placement provider removed
  - On-Going contacts with the parent: 3 out of 6 face-to-face must occur in the home if the parent is living in a home in which the child could be returned
  - Documentation of social worker safety during home visit
  - Quality, meaningful visits with the parents are a requirement of the OSRI

## **Work that Remains**

- NCFAST Alignment
- Temporary Safety Providers
  - Feedback suggests that there are larger issues that need to be reviewed
- Human Trafficking
  - There are changes to federal and state legislation that will go into effect Oct. 1, 2018.
- Streamlining Processes

## **Release of the Revised Modified Manual**

The revised Modified Manual will be:

- Released on August 15, 2018
- Posted on the TA Gateway

Implementation expected on September 1, 2018

## **Future Considerations**

### **Priority Sections of the Manual:**

- Section 1201 – Permanency Planning: NC Links: Reasonable and Prudent Parenting
- Chapter V: Jurisdiction in Child Welfare
- Section 1410: Conflict of Interest
- Chapter VI: Adoption Services
- Section 1432: State Child Fatality Review
- Section 1434: Community Child Protection Team
- Section 1430: 7-Day Review of Foster Care/In-Home Services child fatalities
- Section 1438: Medical Neglect of Disabled Infants with Life Threatening Conditions
- Chapter X: The Juvenile Court and Child Welfare
- Chapter IX: Drug Endangered Children
- Chapter XIII: Child Welfare Funding Manual

## **Future Considerations**

### **Remaining Sections of the Manual:**

- Intensive Family Preservations Services
- Time-Limited Reunification Services
- ICPC Services
- Safe Surrender
- Child Medical & Child/Family Evaluation Program
- Instructions for the use of the Central Registry & the RIL
- Pregnancy Services
- Confidentiality and Release of Information



## Thoughts?

- On-Going process for feedback
  
- Process for release of future manual revisions
  - Incorporating Administrative Letters/Change Notices
  - NC FAST
  - Legislative Changes

## Links to Modified Manual

Revisions (red/underlined) dated August 15, 2018:  
<https://nccwta.org/Index.php?Knowledgebase/Article/View/2/0/nc-child-welfare-manual>

Questions about the manual:

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### Safety Outcome 2: Item 3

Assessments are accurate and address all safety and risk factors, that assessments of risk and safety is ongoing throughout the life and circumstances of the case, and that safety plans are developed that are appropriate and meet the need of the family and situation.

- Foster Care
- Visitation
- Placement Providers
- Repeat Maltreatment

### Quarter of Concern

	Performance
2015 GFSR	57.1%
2018 1 <sup>st</sup> Progress Report to ACE	32.84% *

- Case Reviews are conducted by looking back at agency practice for a 13-15 month period of time. Records reviewed for this rating, were records active from August 2016, and February 2017.

### **Factors that Impact Item 3.**

- **Correctly utilizing Safety & Risk Assessment tools**
  - Accurate
  - Identify and address all factors
- **Contacts sufficient enough to address safety**
- **Supervisory Oversight is critical**
- **Improving performance on this item will increase ratings on other items.**

### **Performance Themes for Item 3**

- **Safety/Risk assessments incomplete or inaccurate**
- **Incorrect scoring on Risk assessment**
- **Inadequate response to risk ratings**
- **Safety plans were often inadequate, did not address the issues, and were not monitored sufficiently**
- **Supervisor did not sign the safety or risk assessment, and did not have knowledge of what the safety and risk assessment indicated**
- **Cases were closed when the risk level was too high and had not been addressed**